



DISTRICT OF COLUMBIA COURTS POSITION VACANCY ANNOUNCEMENT

| ANNOUNCEMENT NUMBER: 01-11-003 | OPENING DATE: 02-08-11 | CLOSING DATE: 03-01-11 | OPEN TO ALL APPLICANTS |
|---|--|------------------------|---|
| POSITION: Family Treatment Court Coordinator JS–945-13 | TYPE OF APPOINTMENT: Career Service | | SALARY: \$89,033 - \$115,742 DC Courts non-judicial employees receive federal retirement and benefits |
| DIVISION: Family Court | LOCATION: 500 Indiana Avenue, NW | | TOUR OF DUTY: Full-time |

BRIEF DESCRIPTION OF DUTIES: Incumbent manages the day-to-day operations of the Family Treatment Court (FTC). Develops detailed action plan with objectives, strategies and tasks necessary to maintain operations of the FTC. Identifies necessary operating resources such as courtroom, administrative and IT support. Coordinates stakeholder meetings and works with the FTC Implementation Team to develop program components such as target population, eligibility criteria and treatment and other resources. Supervises and assists in recruitment, training and evaluation of FTC staff (if applicable) and processes, including case management. Develops training programs on operational procedures, treatment approaches and service provision challenges. Maintains accuracy and updates of the program procedural manual. Ensures the collection and maintenance program statistics. Assists in the development and monitoring of the program budget and produces budgetary reports. Arrange and facilitate all host site visits. Performs other duties as assigned.

MINIMUM QUALIFICATIONS: Bachelor's degree in criminology, criminal justice, psychology, social work, or business, public or judicial administration plus five (5) years of progressively responsible experience managing a court or community based program for offenders or substance abusers. Certification as an addiction counselor preferred. **Documentation of education (copy of high school diploma, college diploma, transcript, or certifying letter) must be submitted with your application or your application will not be considered**. Please submit a copy of your most recent performance evaluation, if available, with your application.

SUPPLEMENTAL RANKING FACTORS: The following factors will be used to rate your qualifications for the position. You must complete, and submit with your application, the attached SUPPLEMENTAL APPLICATION FORM (SAF), on which you must describe experience, education and/or training that indicates your level of qualification for each factor. Failure to complete and submit the SAF with your application will disqualify you from further consideration.

- 1. Knowledge of the DC child welfare system and its treatment components, as well as substance abuse and treatment resources.
- 2. Knowledge of substance abuse, the disease of addiction and intervention strategies.
- 3. Ability to establish and maintain effective working relationships with a wide variety of personnel, such as court officials, judges, representatives of the criminal justice system and community agencies.
- 4. Ability to communicate effectively and efficiently orally and in writing in order to develop and administer the FTC, prepare court documents and reports, and do presentations to communicate program rules, operation procedures and other program requirements.
- 5. Knowledge of judicial information technology systems, case management operations, and Microsoft applications.

SELECTION PROCESS: After a review of applications and ranking factors, interviews, writing samples and/or further screening may be required of the highest qualified candidates.

Submit D.C. Courts Application and Supplemental Application Form:

Mail to D.C. Courts, Human Resources Division, 500 Indiana Avenue, NW, Washington, DC 20001; Hand-deliver to D.C. Courts, HR Division, Gallery Place (7th Street, NW between H & F Streets), Sixth Floor, Washington, D.C.; FAX to (202)879-4212; email to jobs@dcsc.gov

For a court application, call (202) 879-0496 or visit our website at www.dccourts.gov.

It is the policy and practice of the District of Columbia Courts to hire and promote employees based on qualifications and merit only, without regard to race, color, religion, sex, age, disabilities, national origin, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, source of income, or place of residence or business.

SUPPLEMENTAL APPLICATION FORM

Ranking Factors Response

Family Treatment Court Coordinator

The following three Ranking Factors will be used to rate your qualifications for Family Treatment Court Coordinator. For each of the three factors, check the statement below that **best** describes your experience, education, and training, and provide the requested verification information. **Select and check only one statement for each rating scale.** If you need more space for your description of experience, please attach additional sheets of paper.

1. Knowledge of the DC child welfare system and its treatment components, as well as substance abuse and treatment resources.

| E | xperience: |
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| | I have <u>not</u> used this knowledge in a full time position. I have used some of this knowledge as part of a team/unit involved in the DC child welfare system or community based program for offenders or substance abusers. |
| | I have used this knowledge extensively in a full time position, with monitoring by a supervisor when necessary. |
| | I have a high level of knowledge and extensive expertise in utilizing this knowledge. I use thi knowledge more than 50 percent of the time while on duty. Because of my expertise, I am considered an expert and am often consulted by others. |
| | Provide a brief description of your experience utilizing this knowledge in each of the human resources areas listed above, including title of your position and agency. |
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| | Name and telephone # of a supervisor or manager who can verify this information: |
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| LIC | CANT IDENTIFICATION NUMBER: |

PLEASE PUT ONLY THE LAST FOUR NUMBERS OF YOUR SOCIAL SECURITY NUMBER, NOT YOUR NAME.

| 2. Knowledge of substance abuse, the disease of addiction and intervention strategies. | | | |
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| A. Experience: | | | |
| □ I have not used this knowledge in a full-time position. □ I have used some of this knowledge as part of a team/unit. □ I have used most of this knowledge extensively in a full time position with monitoring by a supervisor when necessary. □ I have a high level of knowledge and extensive expertise in utilizing this knowledge. I use this knowledge more than 50 percent of the time while on duty. Because of my expertise, I am considered an expert and am often consulted by others. | | | |
| Provide a brief description of your experience utilizing this ability, including title of you position and agency. | | | |
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| Name and telephone # of a supervisor or manager who can verify this information: | | | |
| 3. Ability to establish and maintain effective working relationships with a wide variety of personnel, such as court officials, judges, representatives of the criminal justice system and community agencies. | | | |
| A. Experience: | | | |
| □ I have not had an opportunity to display this ability. □ I have limited experience using this ability. I have performed some of these tasks to a limited degree when assigned. □ I have used this ability working in a position in an agency where I was required to apply these skills on a daily basis. □ I have used this ability working in a position in a court or agency where I was responsible to performed all of these tasks on a daily basis. I have more than five years of experience in this area. | | | |
| APPLICANT IDENTIFICATION NUMBER: | | | |
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| | position and agency. | |
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| | Name and telephone # of a supervisor or manager who can verify this information: | |
| admii | ility to communicate effectively and efficiently orally and in writing in order to devented the FTC, prepare court documents and reports, and do presentations to cram rules, operation procedures and other program requirements. | |
| <u>A. E</u> | xperience: | |
| | I have <u>not</u> had an opportunity to display this ability. I have used this ability in a limited capacity over the past year. I have develop presentations, on a limited basis, to peers or subordinates on a limited range of limited this ability over the past two years on a daily basis. I develop and and in writing to superiors, after my presentations are reviewed and approved I have used this ability extensively over the past three years on a daily basis. oral and writing presentation skills, and have advised a wide variety of personal | of topics. I present orally by a supervisor I have excellent |
| | Provide a brief description of your experience utilizing this skill, including position and agency. | ng title of your |
| | | |
| | Name and telephone # of a supervisor or manager who can verify this information: | |
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APPLICANT IDENTIFICATION NUMBER:__

| | owledge of judicial information technology systems, case management operations, and soft applications. |
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| <u>A. Ex</u> | perience: |
| | I do not have any experience with this factor. It is not a normal part of my responsibilities. |
| | I have limited experience with this factor. I have some similar knowledge, not directly related to judicial information technology information systems. |
| | I have above average experience in a full time judicial operations position with general operation responsibilities that require some experience with judicial information technology integration and reporting systems. |
| | I have a high level of experience and extensive expertise in utilizing judicial information technology integration and reporting systems. I have extensive knowledge in the use of D.C. Courts' Courtview, IJIS, and other reporting systems as related to system maintenance, data collection, and reporting, etc. Because of my expertise, I am normally consulted with by others as a part of my duties to advise, train and/or instruct, on this factor. |
| | Provide a brief description of your experience utilizing this knowledge, including title of your position and agency. |
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| | Name and telephone # of a supervisor or manager who can verify this information: |
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| APPLICA | ANT IDENTIFICATION NUMBER: |

PLEASE PUT ONLY THE LAST FOUR NUMBERS OF YOUR SOCIAL SECURITY NUMBER, NOT YOUR NAME.